IBR-3

IDAHO FUEL DISTRIBUTOR LICENSE APPLICATION

IDAHO STATE TAX COMMISSION
800 PARK BOULEVARD, PLAZA IV
P.O. BOX 36
BOISE, IDAHO 83722

BOISE, IDAH) 83722											
1. Federal employer ident		2. Social security nu	umber									
3. Legal business name (4. Doing business as (DBA) name											
5. Type of business	Sole Proprietorship Nonprofit	Partnership Government	S Corporation Fiduciary	Corporation	tionLimited Liability Corporation Limited Liability Partnership							
6. Date incorporated	7. State inc	corporated in	8. Tax year end		9. Date business began							
10. Purpose of application	New busines Reregistration	0	e in business name e in business type	Change	in partner	s%						
11. Mailing address	Street or PO Box		City		State		Zip Code					
12. Location of business	Street address		City		State		Zip Code	:				
13. Mailing address for report forms	Street or PO Box		City		State		Zip Code					
14. Contact person			15. Telephone number									
16. Date you began or wil	l begin selling or impor	ting fuel into Idaho										
17. List all jurisdictions in which purchases or sales of fuel will take place.												
18. Provide a brief description of your operations within Idaho and other jurisdictions.												
19. Did you previously have a Withholding, Sales, Use, or Fuel tax permit with Idaho? Yes No If yes, list all such numbers.												
20. Did you acquire an existing business? Yes No If yes, list the previous business and owner's name.												
21. List (a) owner, spouse	;, (b) partners, or (c) co	orporate officers. (Use a	additional sheet if neces	ssary.)								
Name		Home Address		Social Security Number Corporate Title		Corporate Title	% of Ownership	Director?				
For Department Use Only												

Oi	ary.				
	Name		Locatio	711	
23. Es	timate the number of gallons of fuel you will sell in Idaho	and the gallons of fuel yo	u will expor	t each n	nonth:
Gallon	s sold in Idaho	Gallons exported from	Idaho		
	Gasoline	Gas	oline		
	Diesel	Dies	el		
	Other (type):	Othe	er (type):		
	as the applicant, its owner(s), partners, principal stockhol Been convicted of fraud, tax evasion, or a violation of the and payment of fees or taxes for petroleum products,	e laws governing the repo	orting	□ No	If yes, attach explanation
b.	Been convicted of any felony or been granted a withher adjudication of guilt of a felony, in the past five (5) year		_	□No	If yes, attach explanation
C.	Formerly held a fuel tax license or permit in any jurisdiction for cause, in the past five (5) years?			□No	If yes, attach explanation
d.	Have any fuel tax liabilities that are past due with any	jurisdiction?	☐ Yes	☐ No	If yes, attach explanation list jurisdiction(s), the amount, and reason for
	you are granted this license, do you expect to: Export fuel from Idaho? Yes No If y	es, to which jurisdiction	s?		the liability.
b.	Import fuel into Idaho? Yes No If y	es, from which jurisdict	ons?		
C.	Take ownership of the fuel at an Idaho terminal?		☐ Yes	☐ No	
d.	Sell fuel to other Idaho licensed distributors?		☐ Yes	☐ No	
e.	Sell fuel to nonlicensed resellers within Idaho?		☐ Yes	☐ No	
f.	Deal in dyed petroleum products?		☐ Yes	☐ No	
g.	Make deliveries of home heating fuel?		☐ Yes	☐ No	
h.	Blend gasoline or diesel fuel with ethanol or other alco	hol?	☐ Yes	☐ No	
i.	Blend gasoline or diesel fuel with other petroleum prod	lucts?	☐ Yes	☐ No	
j.	Blend diesel fuel with agricultural products or the wast	e of such products?	☐ Yes	☐ No	
	ICATION: I certify that I am authorized as an owner, partner, cents made are correct to the best of my knowledge. (This form		_		
Signatu	re Date	Signature			Date

22. List the names and locations of all retail facilities, card/keylocks, bulk plants, and other fuel sales/storage facilities operated,

INSTRUCTIONS FOR FORM IBR-3

- List your federal employer identification number (EIN). You
 must have an EIN unless your business is a sole proprietorship (owned by an individual) with no employees. If
 you are not required to have an EIN, leave this box blank.
- 2. If your business is a sole proprietorship, enter your Social Security Number (SSN).
- List the legal name of the business. If the business is owned by an individual, the legal name is the owner's name.
- List the name that the firm does business as (dba), if different from the legal business name. (Example: Legal name Thomas Jones - dba Jones Fuel Stop.)
- Mark the item that describes the type of business entity making application.
- If the business entity is a corporation, enter the date it was incorporated.
- If the business entity is a corporation, list the state in which it was incorporated.
- If the business files income tax returns on a calendar year basis, enter December. If the business files income tax returns on a fiscal year basis, enter the month the fiscal year ends.
- 9. Enter the date your business began.
- Mark the item(s) that best describe(s) your purpose in filing this form. If there is a change in partners or shareholders, list the percentage of ownership change.
- 11. List the mailing address of the business.
- 12. List the business' physical location in Idaho. (A post office box is not a physical location.)
- If you wish to have the report forms mailed to an address different from the one listed on line 11, (such as your accountant's address), list that address here.
- 14. List the person we should contact if we have guestions.
- List the telephone number of the contact person listed on line 14.
- 16. List the date the business made or will make its first sale, purchase, or delivery in Idaho.
- List all jurisdictions in which purchases or sales of fuel will take place.
- 18. Provide a brief description of your operations within Idaho and other jurisdictions.
- Did you previously have a Withholding, Sales, Use, or Fuels tax permit with Idaho? If yes, list all such account numbers.

- 20. If you purchased or took over an existing business, list the previous business name and the owner's name.
- 21. List the appropriate information:
 - a. If you marked sole proprietorship on line 5, list the individual and the individual's spouse's name, address and social security number.
 - b. If you marked Partnership or Limited Liability Partnership on line 5, list each partner's name, address, and social security number, or federal EIN if the partner is an entity other than an individual. If there are more than four partners, attach an additional page.
 - c. If you marked S Corporation, Limited Liability Corporation, Corporation, or Nonprofit on line 5, list each officer's name, address, social security number, corporate title and percentage of ownership. Indicate by writing "yes" or "no" if the officer is on the board of directors (if there is a board of directors). If there are more than four officers, attach an additional page.

22 through 25: Instructions are listed in each section.

Definition: Jurisdiction means a state of the United States, the District of Columbia or a province or territory of Canada.

NOTE: This application must be accompanied by the following items:

A. A surety bond or approved securities in an amount equal to the taxes accruing during a 60-day period, minimum \$1,000.

Bond types include:

Surety Bond - To set up a surety bond, contact your insurance company; a bond form is enclosed.

Certificate of Deposit (CD) - You may obtain a CD through an Idaho banking institution. It will accrue interest in your behalf. Contact the Tax Commission for a special form.

Cash Bond - A cash bond is a check you make out to the Idaho State Tax Commission as a fuel tax bond. It will not accrue interest.

Irrevocable Letter of Credit (ILC) - Contact your Idaho banking institution and the Tax Commission for details.

B. In the case of a foreign corporation, a certified copy of the Certificate of Authority to do business in Idaho, issued by the Idaho Secretary of State.

If you have questions regarding licensing and bonding, please contact the Idaho State Tax Commission at (208) 334-7701.